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OXC-3022

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MEMORANDUM FOR: Acting Assistant Director

SUBJECT : OSA Medical Program

ATTACHMENTS A & B: Consultant Reports Medical Problem, dated 22 July  
1962 and 2 July 1962

1. This memorandum contains a recommendation for your approval. Said recommendation is contained in paragraph 3 below.

2. Attachment A is a report of a medical incident at [redacted]. It concludes that the incident was blown completely out of proportion and that the pre-incident conditions at [redacted] were volatile and waiting an opportunity to explode, and otherwise exonerates the attending Medical Officer. Attachment B is a report which refers to the medical support program at [redacted] as grossly inadequate and which proposes a five-step program to overcome the deficiencies and increased training. It also proposes that "OSA Personnel" prepare a preliminary draft of [redacted]  
[redacted] medical plan.

3. [redacted] calls for [redacted] Medical Officers, [redacted] Medical Technicians, and [redacted] Rescue and Survival Technicians. At the time of the incident, one Medical Officer was at [redacted] and the other was in process. The second Medical Officer is scheduled to arrive at [redacted] not later than 20 August. This staffing pattern was established with the approval of General Flickinger. General Flickinger also passed upon the qualifications of the two Medical Officers involved. Parenthetically, but for the intervention of the reported incident, the second Medical Officer, at General Flickinger's request, would have reported to OSA Headquarters for a period of 60 days to take up the slack created by [redacted] departure. Further, you may recall that [redacted] was available for [redacted] assignment, but remained at Headquarters for the duration of his tour in keeping with General Flickinger's desires and medical phasing program for [redacted]

4. That a medical program is in existence and that up until the incident there was no reason to believe that it was inadequate, does not alter the fact that Attachment B contains professional conclusions that the medical program is inadequate and that something must be done and done

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CLASS. GEN.	2012
DATE REC'D.	10/26/82
AUTH'D.	[redacted]
DATE:	

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quickly. The attachment calls for 1) the drafting of a medical plan, and 2) an increase in the number of medical personnel programmed for [redacted]. It would be dangerous and inefficient for OSA to take action on these proposals without seeking the help of qualified medical authorities. The general recommendations made to date do not constitute the specific professional help which is needed. For example, how many medical officers and technicians are needed to man [redacted] on a 24 hour a day, 7 days a week basis, what are the needed or desired qualifications for Medical Personnel, what would be in a manual on medical procedures, etc., etc? Obviously, qualified professionals would be the best source for such information, if not decisions. Up to now, we have relied almost exclusively upon General Flickinger for such advice. This is a throw back to his relationship with us during his active duty Air Force assignment. Although he has been most cooperative in these areas since his change in status, he has become so involved in other aspects of OSA activities, in addition to other Agency activities, that a serious question exists as to whether he has the time to devote to this type of problem. As a matter of fact, such activities were not listed by him in his contemplated scope of employment. If we cannot call on General Flickinger for such service, because of his unavailability, or for other reasons, only two other medical sources are available. One is the Agency's Medical Staff and the other is the Surgeon General of the Air Force.

5. It has become demonstrably clearer that medical capability should be readily available to OSA Headquarters. The need for this capability would be in the areas retaining requisite contact with the Surgeon General's office, planning and directing detachment medical programs, and where appropriate, monitoring OSA's R & D efforts. The justification for this need has been difficult to nail down. The incident reported in the attachments and the lack of specific recommendations and available medical above to remedy the situation immediately, may be the answer.

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6. It will be recalled that at the most recent [redacted] Group B selection meeting, the question of OSA Headquarters medical capability was discussed. General Flickinger proposed that the Surgeon General be sounded out on this matter. All agreed; the only differences of opinion had to do with the mechanics of the assignment. Suggestions ran from outright detail to the Agency to service on a detached duty basis out of the

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Surgeon General's office. In the ensuing meeting with the Surgeon General, and the designation of General Bohannon as the point of contact, agreement was reached that the Surgeon General would and should support "Special Project" endeavors. Although we have no formal approval for the assignment of such an individual, and although the details of the assignment have not been worked out, it is understood from General Flickinger that the Surgeon General's office is actively searching for a man to fit the job. The qualifications identified include rank of Major or Lt. Colonel, regular or long-term military career status, and operational and R & D (hardware) experience. Although this individual may well be the focal point for all Special Project medical requirements, including those external to the Agency, General Flickinger envisions that optimal use would be obtained if he were assigned to OSA on a full-time basis.

7. It is quite apparent that OSA's medical structure is the real point in question and that the way it is to look should be firmed up in the near future. If we are to obtain a top-level medical capability in Headquarters, a management judgment on the command lines to be established must be made, even though administrative control over Medical Officers may not be as dependent upon command lines as is the case with almost all other category of personnel.

8. In response to the problems raised by the attachments, the following alternative recommendations are submitted for your approval:

- (A) OSA should request the Agency Medical Staff to identify the actual medical problems surfaced by the attachments, and submit recommendation for rectifying same; or
- (B) OSA should assign the resolution of the problem to General Flickinger as his most critical OSA assignment, all other OSA tasks to be considered of secondary importance; or
- (C) OSA should approve the assignment of a qualified Medical Officer (Air Force) to Headquarters and request Colonel Ceary to formally request the Surgeon General to supply same;

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- (1) Concurrently, and in the interim, OSA to use General Flickinger, as available, to monitor the medical program and to implement those proposals, which are urgent in nature.
- (2) Concurrently, a statement of the scope of responsibilities of the Medical Officer should be drafted by General Flickinger so that the details of the assignment and the requisite management control could be established.

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Personal Officer  
OSA-DD/R

Attachments:

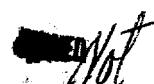
- A) Consultant report medical problems, dated 22 July 1962
- B) Consultant report medical problems, dated 2 July 1962

~~Distribution:~~

0 5 1 - Mr. Cunningham  
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~~Recommendation~~ \_\_\_ approved:

 SIGNED

JAMES A. CUNNINGHAM, Jr.  
Acting Assistant Director  
(Special Activities)  
DD/R

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